

Vehicle Inspection Checklist

Complete this checklist for each vehicle at least every month.

Vehicle ID:

Mileage:

Make:

Model:

Check appropriate box below. If "OTHER" is checked, please explain details of damage or reasons item does not function properly. Then make arrangements with the GSA pool to have vehicle checked.

OK Other

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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Brakes, foot
Brakes, parking
Wipers and blades
Mirrors
Seatbelts
Sun visors
Door locks
Horn
Tire pressures, tread condition
Spare tire pressure
Damage, body
Mechanical
Oil level, engine
Brake and coolant levels

OK Other

<input type="checkbox"/>	<input type="checkbox"/>
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Headlight low beams
Headlight high beams
Lights, brake
Lights, side
Lights, tail
Lights, license
Lights, backup
Turn signals
Damage, glass
License plates, front and rear
Cleanliness
Fire extinguisher pressure
Miscellaneous

Explain details: _____

Inspected by:

Signature(s)

Name(s) (print)

Date

After completion, forward form to MAQ group office manager or vehicle coordinator.